

000 261

Please answer all of the questions listed below.

Dates of Travel: April 25, 2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Page 1 of 1

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 262

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1- State EE 3 Board Members
Name of Person Attending: Jodi Adams Working Title: Executive Officer
Department: Iowa Architect Board Division/Bureau/Section: PLB
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City (Cities) Traveling To: Washington DC Dates of Travel: June 21-26, 2011
Funding Source: ☐ Appropriated State: 0% ☐ Federal: 0% ☒ Other: 02% If Other, Specify: NALB 85%
(If the appropriated state funds are 0% - you do not need this waiver) License fees 15%
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Iowa \$430
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒ NALB \$2321.45
If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:
Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute) _____
☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Working with other 55 jurisdictions on standardized CPE requirement and definition of Safety Health and Welfare. Learning about DEA and B&E programs.

Department Director Signature James M. Schuyler Date: 4-18-11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional Information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
APR 25 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 233

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Gregg Schochenmaier Working Title: General Counsel

Department: IPERS Division/Bureau/Section: _____

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Seattle WA Dates of Travel: June 21-24, 2011

Funding Source: ☒ Appropriated State: _____% ☐ Federal: _____% ☒ Other: _____% If Other, Specify: 100% IPERS Trust Fund
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 2,454.12

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 4/18/11

Reason for Travel Waiver (Select one)

- ☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code 97B.4
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

NAPPA educational conferences provide IPERS' attorneys with an opportunity to become better and more cost-effective advocates for IPERS and its employers and members. The number one goal for our pension attorneys is to obtain the knowledge and information necessary to maintain IPERS tax-qualified status. There is a vast array of federal tax qualification statutes, regulations, notices, and announcements that will be effectively presented by NAPPA educators. In addition, IPERS is subject to a wide-ranging regulatory environment above and beyond federal and state taxation. The NAPPA conference provides experts in a broad array of disciplines, such as ethics and fiduciary responsibility, CFTC/SEC compliance and enforcement, DOL regulations, actuarial and accounting standards, federal legislation other than tax (e.g., age discrimination), and a multitude of investment issues (just one example, divestment-related issues). This conference is also discussing the administration of state Social Security 218 Agreements. These are the agreements which extend Social Security coverage to state employees. IPERS is the Social Security Administrator for Iowa and administers the Iowa 218 Agreement. This is a very specialized area, and next year's proposed IPERS legislation has significant Social Security coverage issues.

Department Director Signature  Date: 4/18/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
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- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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APR 25 2011

Executive Council Approval

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 264

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Kelly Lovell Working Title: Senior Counsel

Department: IPERS Division/Bureau/Section: _____

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Seattle WA Dates of Travel: June 21-24, 2011

Funding Source: ☒ Appropriated State: ____% ☐ Federal: ____% ☒ Other: ____% If Other, Specify: 100% IPERS Trust Fund
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 2,454.12

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 4/18/11

Reason for Travel Waiver (Select one)

- ☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code 97B.4
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

NAPPA educational conferences provide IPERS' attorneys with an opportunity to become better and more cost-effective advocates for IPERS and its employers and members. The number one goal for our pension attorneys is to obtain the knowledge and information necessary to maintain IPERS tax-qualified status. There is a vast array of federal tax qualification statutes, regulations, notices, and announcements that will be effectively presented by NAPPA educators. In addition, IPERS is subject to a wide-ranging regulatory environment above and beyond federal and state taxation. The NAPPA conference provides experts in a broad array of disciplines, such as ethics and fiduciary responsibility, CFTC/SEC compliance and enforcement, DOL regulations, actuarial and accounting standards, federal legislation other than tax (e.g., age discrimination), and a multitude of investment issues (just one example, divestment-related issues). This conference is also discussing the administration of state Social Security 218 Agreements. These are the agreements which extend Social Security coverage to state employees. IPERS is the Social Security Administrator for Iowa and administers the Iowa 218 Agreement. This is a very specialized area, and next year's proposed IPERS legislation has significant Social Security coverage issues.

Department Director Signature  Date: 4/18/11

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Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
APR 25 2011

000 265

Please answer all of the questions listed below.

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 266

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Mike Halverson Working Title: Criminalist/DNA Technical Leader

Department: DPS Division/Bureau/Section: DCI Crime Laboratory

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Salina, KS Dates of Travel: May 31-June 2, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$185

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

This Bloodstain pattern analysis training is one of the best trainings in the region on how to analyze, document, and interpret bloodstains. As bloodstain pattern analysts, we typically observe many different pattern types of bloodshed at crime scenes and it is crucial that we are able to correctly analyze these patterns to determine the mechanism(s) that caused these patterns during bloodshed. The correct analysis of bloodstains at crime scenes helps us, as bloodstain pattern analysts, to give guidance to major case investigators on death investigations and allows us to reconstruct the events that involve bloodshed at major crime scenes.

Currently the state of Iowa has very few qualified bloodstain pattern analysts. This training is supportive of a laboratory initiative to train additional analysts on the subject of bloodstain pattern analysis. The expense (\$185.00 per person) is minimal to progression towards achievement of this goal.

Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.

Department Director Signature [Signature] Date: 4/14/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Executive Council
APR 25 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 267

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4

Name of Person Attending: Amanda Kilgore Working Title: Criminalist

Department: DPS Division/Bureau/Section: DCI Crime Laboratory

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Salina, KS Dates of Travel: May 31-June 2, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: ____% ☐ Other: ____% If Other, Specify: _____
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$185

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one) _____

- ☐ Fulfills statutorily required duties (Cite the specific statute) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

This Bloodstain pattern analysis training is one of the best trainings in the region on how to analyze, document, and interpret bloodstains. As bloodstain pattern analysts, we typically observe many different pattern types of bloodshed at crime scenes and it is crucial that we are able to correctly analyze these patterns to determine the mechanism(s) that caused these patterns during bloodshed. The correct analysis of bloodstains at crime scenes helps us, as bloodstain pattern analysts, to give guidance to major case investigators on death investigations and allows us to reconstruct the events that involve bloodshed at major crime scenes.

Currently the state of Iowa has very few qualified bloodstain pattern analysts. This training is supportive of a laboratory initiative to train additional analysts on the subject of bloodstain pattern analysis. The expense (\$185.00 per person) is minimal to progression towards achievement of this goal.

Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.

Department Director Signature  Date: 4/14/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Executive Council

APR 25 2011

000 238

Please answer all of the questions listed below.

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000 269

Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APR 25 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 270

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Steve St. Clair Working Title: Assistant Attorney General

Department: Attorney General Division/Bureau/Section: Consumer Protection

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, IL Dates of Travel: May 2 and 3, 2011

Funding Source: ☒ *Appropriated 100% ☐ Federal: 0% Other: 0% If Other, Specify: (If the appropriated state funds is 0% - you do not need this waiver)

*General fund payment, but reimbursed from AG's Consumer Litigation-Education Fund, see Iowa Code section 714.16C.

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$950

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

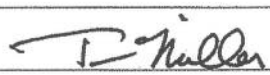
Reason for Travel Waiver (Select one) _____

☒ Fulfills statutorily required duties (Cite the specific statute) Iowa Code sections 13.2(1)(b) & 714.16 - Enforcement of consumer fraud law.

☒ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Participation in w/ FTC in Workshop on scams relating to lotteries & sweepstakes will enhance Iowa AG's ability to address such scams.

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Potential benefits to Iowa consumers of enhanced AG enforcement are great, as such scams claim many Iowa victims. (See also below.)

FTC meeting will, in part, result in future multistate or joint FTC-Iowa enforcement cases including restitution payments for defrauded Iowa consumers.

Department Director Signature  Date: 3/28/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
APR 25 2011

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

000 282

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: One Contact E-mail: mark.shill@iub.iowa.gov
Name of Person Attending: Mark W. Shill Working Title: Utilities Regulation Inspector
Department: Commerce Division/Bureau/Section: IUB/Safety & Engineering
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: Pipeline Safety Training - PHMSA required
(If No - you DO NOT need this waiver.)
City (Cities) Traveling To: Oklahoma City, OK Dates of Travel: March 21, 2011 - March 25, 2011
(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: ☐ Appropriated State: 50% X Federal: 50% X Other: 50% Federal / 50% revolving funds charged to gas utility company
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1401.91
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐
If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____
Reason for Travel Waiver (Select one)
☐ Fulfills statutorily required duties. (Cite the specific statute.) _____
☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____
☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) _____

Inspection of Natural Gas facilities includes inspecting gas safety and the evaluation of pipelines; (safety regulation application and compliance procedures) are some of the job duties of a Utilities Regulation Inspector. This training course introduces the federal pipeline safety standards for the pipeline failures and inspections of gas pipelines. Under a federal agreement pursuant to Section 60105 of Chapter 601, Title 49 of the United States Code, the Iowa Utilities Board (Board) is certified by the Federal Department of Transportation in pipeline safety matters, including LNG. Under the pipeline safety program, the state receives up to 50% federal reimbursement for the expense of conducting the natural gas safety program in cooperation with the federal government pursuant to 49 U.S.C. § 60101 et seq. The Board has participated in the natural gas program since 1968. To ensure that each inspector has knowledge of minimum Federal pipeline safety regulations, pursuant to the agreement, it is mandated that each inspector attend and pass 13 required courses within a period of 3 years from the start of employment in the pipeline safety program. Most required core classes are only offered once in a calendar year and integrity management training is offered on as needed basis. A minimum of 4 classes per year is required to complete the training within the 3-year time frame. Failure of an inspector to complete the classes is a violation of the agreement and could result in a substantial loss of grant funds for Iowa.

Department Director Signature: R. B. Berntsen

Date: 4-18-11

Department Director Printed Name: Robert B. Berntsen

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.

Executive Council Approval

APPROVED
Executive Council

APR 25 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 283

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: Jerome.thompson@iowa.gov

Name of Person Attending: Jerome Thompson Working Title: Interim Administrator/Historic Preservation Officer

Department: Cultural Affairs Division/Bureau/Section: Historical Division

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Sioux Falls, SD Dates of Travel: April 27-28

(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☐ Other: 0% If Other, Specify: _____
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$325.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties. (Cite the specific statute.) 303.2.2a

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

This is a tribal coordination meeting with the State of South Dakota and the State of Iowa regarding the development of the Blood Run National Historic Site which has land managed by South Dakota Department of Parks and the State Historical Society of Iowa

Department Director Signature: Mary Cownie Date: 4/19/11

Department Director Printed Name: Mary Cownie

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
APR 25 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 234

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: MATT GAUNON Working Title: Assistant Attorney General

Department: Justice Division/Bureau/Section: Tobacco

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago Dates of Travel: April 11-13

Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☒ Other: 100% If Other, Specify: Reimbursed by TSA
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$750

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) 13.2

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature: [Signature] Date: 3/31/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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Executive Council Approval

APPROVED
Executive Council
APR 25 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 235

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If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Donald D. Stanley, Jr. Working Title: Special Assistant Attorney General

Department: Department of Justice Division/Bureau/Section: Revenue Division

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, Illinois Dates of Travel: April 11-13, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: 0% ☒ Other: 100% If Other, Specify: Reimbursed by TSA
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$500.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☒ Fulfills statutorily required duties (Cite the specific statute) 13.2

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature [Signature] Date: 3/31/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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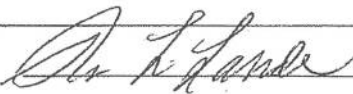
Out-Of-State Travel Waiver Justification

000 286

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: <u>1</u>	Contact E-mail: <u>MELISSA.SPEED@DNR.IOWA.GOV</u>
Name of Person Attending: <u>CHRIS LARSON</u>	Working Title: <u>PSE2-SW REGIONAL FISHERIES SUPERVISOR</u>
Department: <u>NATURAL RESOURCES</u>	Division/Bureau/Section: <u>Conservation&Rec/Fisheries/SW Region</u>
Will this trip require an overnight stay outside of Iowa? No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> (If No, you do not need this waiver)	
City (Cities) Traveling To: <u>KANSAS CITY, KS</u>	Dates of Travel: <u>04/20/11-04/21/11</u> (If after June 30, 2011 - you DO NOT need this waiver.)
<input checked="" type="checkbox"/> Appropriated State: Funding Source: Fish & Game Trust Fund <u>100%</u> <input type="checkbox"/> Federal: <u> </u> % <input type="checkbox"/> Other: <u> </u> % If Other, Specify: <u> </u> (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): <u>\$180</u>	
Does this Trip Require Executive Council Approval for Conference/Convention? No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>	
If Yes, Have You Received Approval? No: <input type="checkbox"/> Yes: <input type="checkbox"/> If Yes, Date: <u> </u>	
Reason for Travel Waiver (Select one)	
<input checked="" type="checkbox"/> Fulfills statutorily required duties. (Cite the specific statute.) <u>455A.2</u>	
<input type="checkbox"/> Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) <u> </u>	
<input type="checkbox"/> Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) <u> </u>	

Department Director Signature:  Date: 4-19-11

Department Director Printed Name: ROGER LANDE

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
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- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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APR 25 2011

000 237

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 4 Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV

Name of Person Attending: Aaron Pickens Working Title: Environmental Specialist Senior

Department: Natural Resources Division/Bureau/Section: ESD/Field Office

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City Dates of Travel: March 8-10, 2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☐ Appropriated State: % ☒ Federal: 75% ☒ Other: 25% If Other, Specify: Underground tank fees
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$200

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.) _____

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) _____

Federal Environmental Protection Agency Region 7 in Kansas City hosted "UST Advanced Inspector Training," a free training class for states in the federal region. The course content assists team members with onsite investigation and inspection of underground storage tanks according to the federal laws. A representative from each of our major teams (4 people) attended the event to bring back the information to training remaining team members.

For Funds

Date:

4-19-11

Department Director Printed Name: ROGER LANDE

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Executive Council Approval

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Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4 Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV

Name of Person Attending: Tom McCarthy Working Title: Environmental Specialist Senior

Department: Natural Resources Division/Bureau/Section: ESD/Field Office

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City Dates of Travel: March 8-10, 2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☐ Appropriated State: ____% ☒ Federal: 75% ☒ Other: 25% If Other, Specify: Underground tank fees
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$200


Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) _____

Federal Environmental Protection Agency Region 7 in Kansas City hosted "UST Advanced Inspector Training," a free training class for states in the federal region. The course content assists team members with onsite investigation and inspection of underground storage tanks according to the federal laws. A representative from each of our major teams (4 people) attended the event to bring back the information to training remaining team members.

Department Director Signature:  Date: 4-19-11

Department Director Printed Name: ROGER LANDE

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

**Additional information to assist you in completing this form.
See Fact Sheet for more complete information.**

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Executive Council Approval

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000 239

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 4

Name of Person Attending: Terry Jones

Department: Natural Resources

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City

Funding Source: ☐ Appropriated State: ____% ☒ Federal: 75% ☒ Other: 25% If Other, Specify: Underground tank fees
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$200

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.) _____

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____

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Date:

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APR 25 2011

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000 230

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Scott Wilson	Working Title: Environmental Specialist Senior
Department: Natural Resources	Division/Bureau/Section: ESD/Field Office
Will this trip require an overnight stay outside of Iowa? No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> (If No, you do not need this waiver)	
City (Cities) Traveling To: Kansas City	Dates of Travel: March 8-10, 2011 (If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: <input type="checkbox"/> Appropriated State: ____% <input checked="" type="checkbox"/> Federal: 75% <input checked="" type="checkbox"/> Other: 25% If Other, Specify: Underground tank fees (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$200	
Does this Trip Require Executive Council Approval for Conference/Convention? No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>	
If Yes, Have You Received Approval? No: <input type="checkbox"/> Yes: <input type="checkbox"/> If Yes, Date: _____	
Reason for Travel Waiver (Select one)	
<input type="checkbox"/> Fulfills statutorily required duties. (Cite the specific statute.) _____	
<input type="checkbox"/> Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____	
<input checked="" type="checkbox"/> Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.)	
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Department Director Signature:  Date: _____

Department Director Printed Name: ROGER LANDE

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000 231

Please answer all of the questions listed below.

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